



2300 Richmond Road
Lexington, KY 40502
www.amwater.com

P (859) 335-3660
F (859) 335-3388



June 10, 2009

Erich Cleaver
DEP KPDES
200 Fair Oaks Lane
Fourth Floor
Frankfort, KY 40601

RE: Additional Information for KPDES KY0076597 Application

Dear Mr. Cleaver:

Please find a new topographic map and completed Form SC as requested by your office to complete the permit application for Rockwell Village Wastewater Treatment Plant.

Note that a revised Form 1 and Form A also are being provided to correct population figures that were included with the original submission. Because the \$300 application fee has already been submitted, the information in this package completes Kentucky American Water's (KY0340250) permit renewal application for Rockwell Village Wastewater Treatment Plant (Permit KY0076597).

If you have questions or need additional information, you may contact me at david.shehee@amwater.com or (859) 335-3660.

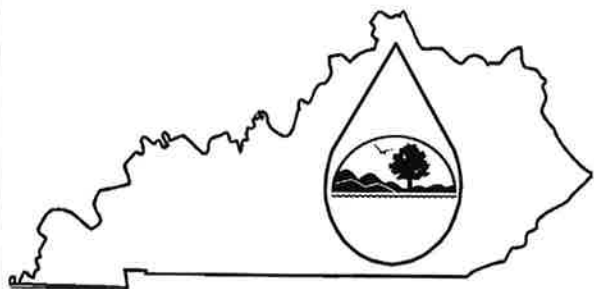
Sincerely,

David Shehee
Supervisor, Water Quality and Environmental Compliance

Enclosures

cc: KAW Compliance Files

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY:							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				7			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): This plant is designed to handle wastes generated from customers in a small mobile home park, 4 commercial facilities, and 1 industry.							
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system:				0.040 MGD			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	01	55	84	14	43	Unnamed trib of Hancock Creek.
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				Previous permit application.			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Wastewater treatment plant	0.040 mgd	Screening,	1-T
			activated sludge,	3-A
			aeration,	3-M
			disinfection,	2-F
			dechlorination,	2-E
			post aeration,	3-L
			discharge	4-A

V. Check the type(s) of wastewater discharged.Questions V., VI., and VII., are not applicable to Rockwell Village Wastewater Treatment Plant.

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Rockwell Village mobile home park,	
4 commercial facilities, and 1	
industrial user.	
TOTAL POPULATION SERVED	250

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
Not Applicable to Rockwell Village Wastewater Treatment Plant.		

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	12 mg/L	4.8 mg/L	15
TOTAL SUSPENDED SOLIDS	16 mg/L	8 mg/L	15
FECAL COLIFORM	43 MPN	17 MPN	15
TOTAL RESIDUAL CHLORINE	< 0.01 mg/L	<0.01 mg/L	3
OIL AND GREASE	< 2 mg/L	< 2 mg/L	1
CHEMICAL OXYGEN DEMAND	Request Waiver		
TOTAL ORGANIC CARBON	Request Waiver		
AMMONIA	0.84 mg/L	0.52 mg/L	15
DISCHARGE FLOW	0.046 MGD	0.028 MGD	95
pH	7.6 s.u.	7.5 s.u.	15
TEMPERATURE (WINTER)	Request Waiver		
TEMPERATURE (SUMMER)	Request Waiver		

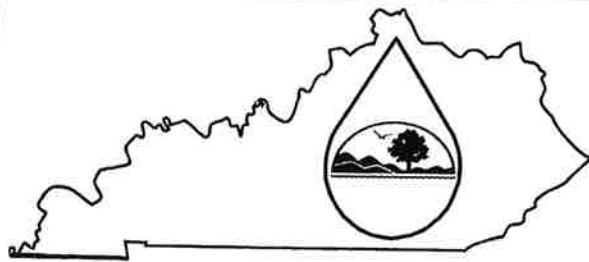
B. Frequency and duration of flow:	Continuous
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XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Keith Cartier, VP Operations	(859) 268-6324
SIGNATURE	DATE
<i>Keith Cartier</i>	06.09.09

KPDES FORM A



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE								
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Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Rockwell Village Wastewater Treatment Plant

Mailing Address 2300 Richmond Road, Lexington, KY 40502

Contact person David Shehee

Title Supervisor, Water Quality and Environmental Compliance

Telephone number (859) 335-3660

Facility Address Rockwell Village Subdivision, Rockwell Road
(not P.O. Box) Winchester, Clark County, Kentucky 40391

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name _____

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?

☒ Owner ☒ Operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ Facility ☒ Applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

KPDES KY0076597 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Rockwell Village</u>	<u>84 customers</u>	<u>Separate</u>	<u>Private</u>
<u>Industrial Park - 4</u>	<u>commercial/1</u>	<u>industry - Separate</u>	<u>Private</u>
Total population served <u>250</u>			

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.040 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>	
b. Annual average daily flow rate	<u>0.025</u>	<u>0.027</u>	<u>0.028</u>	mgd
c. Maximum daily flow rate	<u>0.050</u>	<u>0.054</u>	<u>0.046</u>	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %
☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	<u>Yes</u>
ii. Discharges of untreated or partially treated effluent	<u>No</u>
iii. Combined sewer overflow points	<u>No</u>
iv. Constructed emergency overflows (prior to the headworks)	<u>No</u>
v. Other _____	_____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☒ Yes ☐ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

Martin Sanitation tank truck periodically hauls sludge from clarifier.

If transport is by a party other than the applicant, provide:

Transporter name: Martin's Sanitation Service

Mailing Address: 113 2nd Street, Paris, KY 40361

Contact person: _____

Title: _____

Telephone number: (859) 987-2529

For each treatment works that receives this discharge, provide the following:

Name: Winchester Municipal Utilities and Paris Sanitation

Mailing Address: P.O. Box 4177, Winchester, KY 40392

525 High Street, Paris, KY 40361

Contact person: Killis Sinkhorn at WMU and Pat Harney at Paris

Title: Killis Sinkhorn WW Supervisor and Pat Harney WW Superintendent

Telephone number: (859) 744-3031 Winchester and (859) 987-2116 Paris

If known, provide the KPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable): _____

Annual daily volume disposed of by this method: _____

Is disposal through this method ☐ continuous or ☐ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Winchester 40391
(City or town, if applicable) (Zip Code)
Clark KY
(County) (State)
38 01' 55" 84 14' 43"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) _____ ft.
- d. Depth below surface (if applicable) _____ ft.
- e. Average daily flow rate 0.028 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
☐ Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Unnamed tributary (mile 0.36) of Hancock Creek (mile 4.36)
- b. Name of watershed (if known) _____
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): _____
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☒ Primary☒ Secondary☐ Advanced☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal _____ %

Design SS removal _____ %

Design P removal _____ %

Design N removal _____ %

Other _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall?

☒ Yes☐ No

d. Does the treatment plant have post aeration?

☒ Yes☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.30	s.u.			
pH (Maximum)	7.62	s.u.			
Flow Rate	0.046	MGD	0.028	MGD	95
Temperature (Winter)					
Temperature (Summer)					

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5	12	mg/L	4.8	mg/L	15	SM5210B
FECAL COLIFORM		43	MPN	17	MPN	15	SM9222D
TOTAL SUSPENDED SOLIDS (TSS)		16	mg/L	8	mg/L	15	SM2540D

END OF PART A.**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE**

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☐ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
- _____

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
- Begin construction	_____	_____
- End construction	_____	_____
- Begin discharge	_____	_____
- Attain operational level	_____	_____

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form A, as explained in the Application Overview. Indicate below which parts of Form A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

- ☐ Part D (Expanded Effluent Testing Data)
- ☐ Part E (Toxicity Testing: Biomonitoring Data)
- ☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)
- ☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Keith Cartier, VP Operations

Signature Keith Cartier

Telephone number (859) 268-6324

Date signed 06.09.09

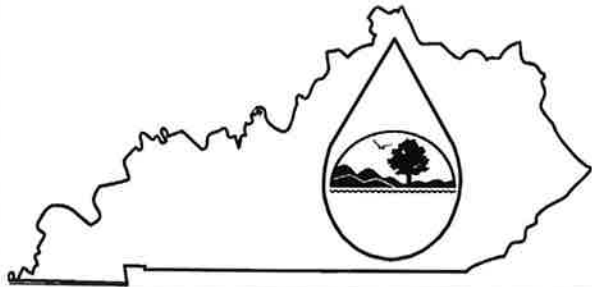
Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch
Inventory & Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.

KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE							
A. Name of Business, Municipality, Company, Etc. Requesting Permit									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: Rockwell Village					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> David Shehee				
Facility Location Address (i.e. street, road, etc., not P.O. Box): Rockwell Road					Mailing Address: 2300 Richmond Road				
Facility Location City, State, Zip Code: Winchester, KY 40391					Mailing City, State, Zip Code: Lexington, KY 40502				
D. Owner's name (if not the same as in part A and C):					Facility Contact Telephone Number: (859) 335-3660				
Owner's Mailing Address:					Owner's Telephone Number (if different):				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Package wastewater treatment facility (design flow 40,000 gpd) serving mobile home park (84 customers), and domestic waste from 4 commercial facilities and 1 industry.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &
Description:

6515 Mobile Home Park

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: Clark

City where facility is located (if applicable): Winchester

C. Body of water receiving discharge:

Unnamed tributary (mile 0.36) of Hancock Creek (mile 4.36)

D. Facility Site Latitude (degrees, minutes, seconds):

38 01'57"

Facility Site Longitude (degrees, minutes, seconds):

84 14'13"

E. Method used to obtain latitude & longitude (see instructions): Previous application

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 006944946 (Kentucky American Water)

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Billy Willoughby

Telephone Number:

(859) 771-8232

Operator Mailing Address (Street):

275 Winn Avenue

Operator Mailing Address (City, State, Zip Code):

Winchester, KY 40391

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

IV

Certification Number:

05592

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0076597

Issue Date of Current Permit:

October 1, 1995

Expiration Date of Current Permit:

September 30, 1998

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

David Shehee

DMR Official Telephone Number:

(859) 335-3660

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

David Shehee

DMR Mailing Address:

2300 Richmond Road

DMR Mailing City, State, Zip Code:

Lexington, KY 40502

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Intermediate Non-POTW

Filing Fee Enclosed:

\$300

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. ☒ Ms. ☐ Keith Cartier, VP of Operations

SIGNATURE

Keith Cartier

TELEPHONE NUMBER (area code and number):

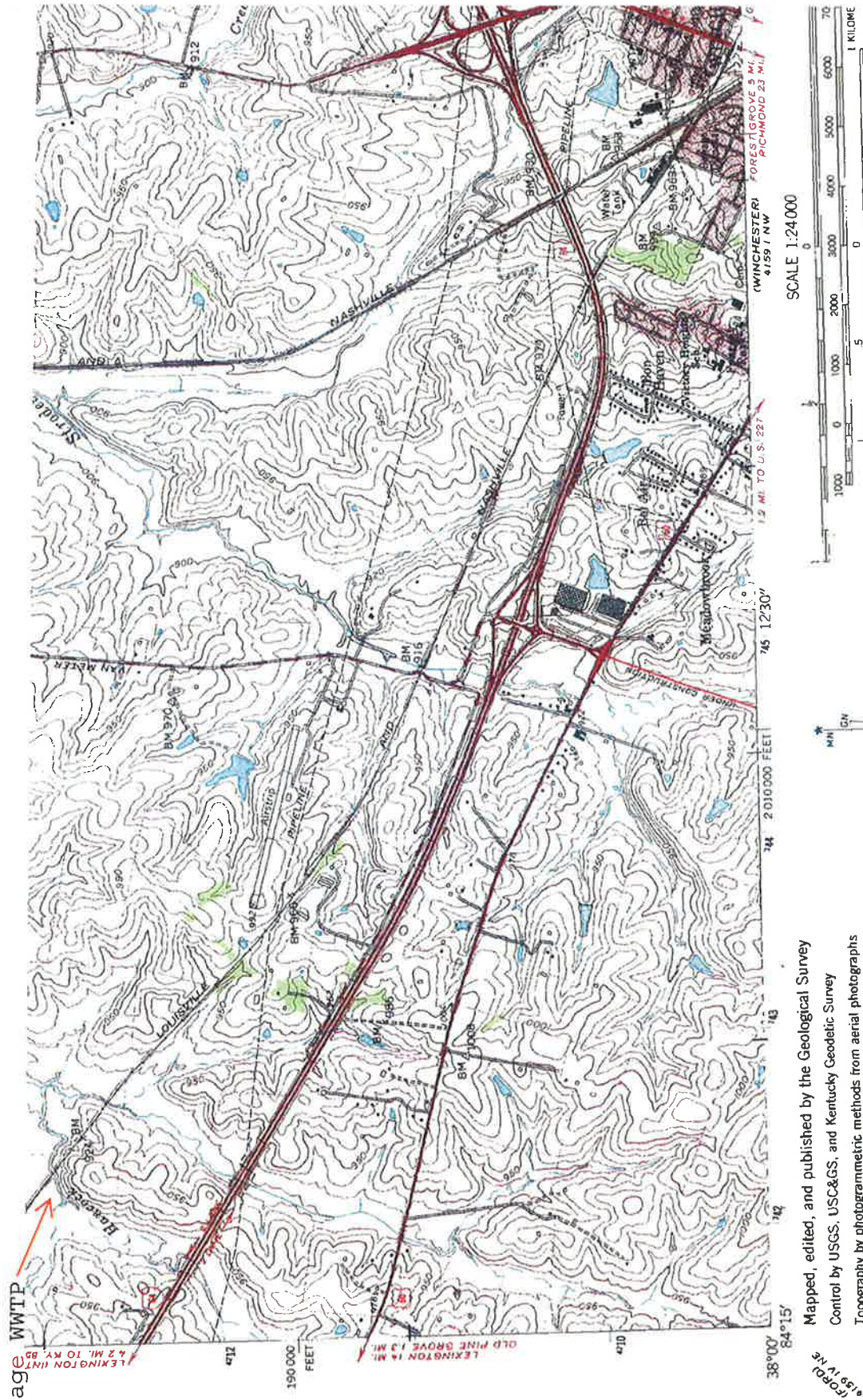
(859) 268-6324

DATE:

06.09.09

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

Rockwell Village



Mapped, edited, and published by the Geological Survey
 Control by USGS, USC&GS, and Kentucky Geodetic Survey
 Topography by photogrammetric methods from aerial photographs
 taken 1950. Field checked 1952. Revised 1965
 Polyconic projection. 1927 North American datum
 10,000-foot grid based on Kentucky coordinate system, north zone
 1000-meter Universal Transverse Mercator grid ticks,
 zone 16, shown in blue
 Fine red dashed lines indicate selected fence and field lines where
 generally visible on aerial photographs. This information is unchecked
 Red tint indicates areas in which only landmark buildings are shown

THIS MAP COMPLES WITH NATIONAL MAP ACCURACY STANDARDS
 FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRG
 KENTUCKY GEOLOGICAL SURVEY, LEXINGTON, KENTUCKY 40506
 AND KENTUCKY DEPARTMENT OF COMMERCE, FRANKFORT, KENTUCKY 40601
 A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

UTM GRID AND 1965 MAGNETIC NORTH
 DECLINATION AT CENTER OF SHEET

SCALE 1:24,000

CONTOUR INTERVAL 10 FEET
 DATUM IS MEAN SEA LEVEL